PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

101578.519

		Effe	ective Decer	10/3/8/3/1								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENT		OR	OTHER SMALL E	
	NATIONAL S	TAGE EEES	(Column 1)			, , , , , , , , , , , , , , , , , , ,	1	RATE	FEE		RATE	FEE
		TAGETEE	SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300
	IC FEE		Satisfies PCT Arti		All oth	ner situations =		EXAM. FEE			EXAM. FEE	200
EXA	MINATION FEE		(4) = \$50/3 U.S. is ISA = \$5			100 / \$ 200 ner situations =		251801155			SEARCH FEE	
SEA	RCH FEE		ALL other countries = \$ 200 / \$ 400			250 / \$ 500		SEARCH FEE			X \$ 250 =	400
FEE	FOR EXTRA S	PEC. PGS.	minu	s 100 =		/ 50 =	l	X \$ 125 =				
TOT	AL CHARGEAB	ILE CLAIMS	15 min	us 20 ≐	•			X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CL	AIMS	2 min	nus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =	·	OR	+ \$ 360 =	000
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR											TOTAL	900
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER	
AMENDMENT A	15	(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		AMENDMENT .	Minus	** 20	FOR	= (*)	1	X \$ 25 =		OR	X \$ 50 =	
	Total	· 15 · 2	Minus	~3		= ()	1	X \$ 100 =		OR	X \$ 200 =	
	Independent		JULTIPLE DEPENDENT CLAIM			1	+ \$ 180 =		OR	+ \$ 360 =		
<u> </u>								TOTAL ADDIT.	-	OR	TOTAL ADDIT.	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER		NUM PREVI	HEST MBER OUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X \$ 25 =		OR	x \$ 50 =	
	Independent	*	Minus	***		=	1.	X \$ 100 =		OR	X \$ 200 =	
			<u>1</u>	NDENT	CLAIM		1	+ \$ 180 =		OR	+ \$ 360 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	·
					ė			122	•			
		:										
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
***		mber Previously Pa					nd, in	the appropriate bo	x in column 1	-		